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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>	Application Number	10 035 981
	Filing Date	December 24 2001
	First Named Inventor	ISAAC LEVAVON
	Art Unit	255
	Examiner Name	Phillip Tran
	Attorney Docket Number	
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: Yoni Lavi - second inventor Signature		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Isaac Levavon	
Signature	[Signature]	
Printed name	ISAAC LEVAVON	
Date	12-29-05	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	ISAAC LEVAVON	Date	12-29-05

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PTO/SB/82 (04-05)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10035 981
	Filing Date	Dec 24 2001
	First Named Inventor	Tsaoac Levason
	Art Unit	2155
	Examiner Name	Phillip Tran
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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OR

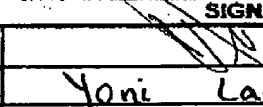
<input checked="" type="checkbox"/> Firm or Individual Name	3DVU		
Address	28 Levy Eschel st.		
City	Ramona	State	Zip 43903
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I am the:

☒ Applicant/Inventor:

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record.**

Signature			
Name	Yoni Lavi		
Date	12.29.05	Telephone	+972-544-725-899

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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